

Lessons From the Practice

The Road Not Taken

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I'm late—almost a month.”

This simple statement can elicit a wide range of emotional reactions in women, from elation to apprehension to severe despondency.

The patient was a 19-year-old Chinese foreign student. She had come to the college's student health center for evaluation of a late menstrual period. She was quiet, shy, reserved, and cautious in revealing her history. I could not tell how much she understood of what I was asking or whether she knew the anatomic or sexual terms in her own language, let alone in English. Was the communication problem we were having simply the language difference, or was it also a cultural barrier? Was I asking questions that she was unable to answer out of fear or of ignorance? After some coaxing, she admitted to having genital contact only; there had been no penetration. They had not used any contraceptives.

As part of the evaluation, but more because of an uneasy feeling, I special-ordered a serum pregnancy test. The results would be back within an hour. Sensing her apprehension, I scheduled a second visit for a Pap smear and pelvic examination to give her time to adjust to the idea. It would be her first examination. The test results returned, confirming my intuition. She was pregnant.

I took the patient to a private room to tell her the results. I hoped I could find the right words. It was reminiscent of telling a patient of a cancer diagnosis. Her face went blank, hearing nothing after the words “You are pregnant.” She registered only shock. Calmly I repeated myself. “The test is positive. You are pregnant.” Her face started to register some vague awareness. I told her she had several options. If she wanted to keep the pregnancy, then I would refer her to an outside obstetrician to assume her care. She could also talk to someone about adoption. If she chose to terminate the pregnancy, then I would refer her to a physician who provided this service.

Her shock dissolved into a full realization of the news, and she began to cry. I pulled her head down to my shoulder and let the tears flow. She was far away from home in a foreign country. Before her now was the monumental decision of what to do with an unplanned pregnancy. She probably had little knowledge about fertility or reproduction, so had not counted on the limited sexual contact

causing her to conceive, or she may have been unable to tell me what had really happened. I found a box of tissues and helped dry her tears. After a few minutes of considering her choices, she said, “I don't want to keep it.” I again told her of the options and that we could refer her appropriately. She was petrified of being examined by a man, but all of the local physicians who provided these services were male.

We discussed how difficult it must be to face this decision, given her conservative background. She wanted to know if her parents had to be told. I told her that in this country she was considered an adult and that she could decide whether to tell her parents. Perhaps it might be better if they did not know.

Sitting with her as a physician discussing her options and providing her solace for the situation she now encountered, I turned the tables to empathize with her situation. A rush of memories about my own choices came back to me. My decision to deal with an unexpected pregnancy had only ever been a theoretical one. I had asked the “what if?” question during frantic days waiting for a late cycle to start. I had planned on going to college and, once in college, decided on medical school, as did the man I was dating at the time. (We are both physicians now, but long since parted.) Children were not in the picture. My choice was my career. Had I had a child at 19 years, I doubt that I could ever have become a physician. Our paths would not have crossed. I would not have been there to provide this patient reassurance in her time of crisis.

Looking at the road not taken, I realized that I could now have had a teenaged child, have been divorced, and have been just trying to exist. Several of my high school classmates took this route; many are now envious of my career. I am grateful for the road I chose. I do believe, for the sake of my patients—those whom I have kept alive and those whose lives I have touched—that I made the right decision at the time to pursue a career in medicine and not to have a family, although lately I am beginning to wonder, was this price too high? I envy my male colleagues who do not have to make this choice.

Had our paths never crossed, my patient may have seen a physician without my intuition and continued longer unaware of her pregnancy. As it happened, she still

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had time and options. The choice was hers to make. I do not know her final decision. She did not return to the clinic during the time I was there.

But the shocked look on her face still haunts me. I wish that the news had been different. Mostly, I wish that I could have done something more to ease her pain and distress.

I consider myself fortunate that such a decision has never been mine to make. I do know what my answer would have been, faced with the same choice. Parenthood was the road I could not take.

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“Lessons From the Practice” presents a personal experience of practicing physicians, residents, and medical students that made a lasting impression on the author. These pieces will speak to the art of medicine and to the primary goals of medical practice—to heal and to care for others. Physicians interested in contributing to the series are encouraged to submit their “lessons” to the series’ editors.

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